

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035018

4888

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

FILED OCT 8 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Kansas City

Length of stay in 1b

65 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION St. Mary's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY

OR TOWN Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

5841 Harrison Street

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First FREDRICK

Middle CLEO

Last TAYLOR

4. DATE OF DEATH

Month Day Year
Sept. 23, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

Widowed ☐

8. DATE OF BIRTH

Never Married ☐ Divorced ☐

2-1-1889

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Foreman Mail Room

10b. KIND OF BUSINESS OR INDUSTRY

Kansas City Star

11. BIRTHPLACE (City and state or country)

Neosho County, Kansas

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Oscar C. Taylor

13b. MOTHER'S MAIDEN NAME

Virginia Wallen

14. NAME OF HUSBAND OR WIFE

Iva M. Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Iva M. Taylor Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Adenocarcinoma of Bladder

INTERVAL BETWEEN ONSET AND DEATH

9 Mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Generalized Carcinomatosis

3 Mo

DUE TO (c)

Terminal Pulmonary Congestion

3 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

(None)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-11-58 to 9-23-62 and last saw him alive on 9/22/62

Death occurred at 3:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James W. Downey - M.D.

22b. ADDRESS

425 E 63rd H. C. Mo

22c. DATE SIGNED

9-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Cremation

23b. DATE

9-25-62

23c. NAME OF CEMETERY OR CREMATORY

Elmwood Crematory

23d. LOCATION (City, town, or county)

Kansas City, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Freeman Mortuary

Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.

9-24-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF James W. Downey

IR. J.W. DOWNEY

425 E. 63rd

. 2 - 3:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. S. Freeman

Licensed Embalmer No. 2939

P. O. Address F. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.